

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

L.A. P.A.C.

ADDRESS (number and street)

6380 Wilshire Blvd., #1612

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90048

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00095059

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Irwin Levin

Signature of Treasurer

Electronically Filed by Irwin Levin

Date

05

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
L.A. P.A.C.

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		110253.50
(b) Cash on Hand at Beginning of Reporting Period	106944.24	
(c) Total Receipts (from Line 19)	17100.00	34975.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124044.24	145228.50
7. Total Disbursements (from Line 31)	14387.92	35572.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	109656.32	109656.32
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

CA

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

L.A. P.A.C.

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3000.00	20750.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	100.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	3100.00	20975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	9000.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	12100.00	29975.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17100.00	34975.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17100.00	34975.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1387.92	5572.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		1387.92	5572.18
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		13000.00	20000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	10000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		14387.92	35572.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		14387.92	35572.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12100.00	29975.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12100.00	29975.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1387.92	5572.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1387.92	5572.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A. Full Name (Last, First, Middle Initial)
C. Duane Dauner
Mailing Address 1215 K St., #800

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Healthcare Assn.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 11ai950

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Jean G. Denton
Mailing Address 15 Ninth St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copeland, Lowery, Jacquez,
Denton

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 11ai949

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Thomas M Priselac
Mailing Address 2430 26th St.

City State Zip Code
Santa Monica CA 90405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedars Sinai

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 6

Transaction ID: 11ai951

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A. Sally Kurtzman Trust

Full Name (Last, First, Middle Initial)

Mailing Address 10580 Wilshire Blvd.

City	State	Zip Code
Los Angeles	CA	90024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	6

Transaction ID: 11ai952

Amount of Each Receipt this Period

500.00

Attribution below

B. Sally Kurtzman

Full Name (Last, First, Middle Initial)

Mailing Address 10580 Wilshire Blvd.

City	State	Zip Code
Los Angeles	CA	90024

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/aOccupation
Info Requested

Receipt For: 2006

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	6

Transaction ID: 11ail952

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Partnership attribution

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

Full Name (Last, First, Middle Initial)

A. American Hospital Association PAC

Mailing Address 325 Seventh St., NW

City State Zip Code
 Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 11c947

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. West Los Angeles Health Pac-Federal

Mailing Address 900 Wilshire Blvd., #805

City State Zip Code
 Los Angeles CA 90017

FEC ID number of contributing
federal political committee.

C C00198861

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 11c948

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

9000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 12

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

A.

Full Name (Last, First, Middle Initial)

Friends of Sherrod Brown

Mailing Address 607 14th St., NW, #800

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00264697

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 6

Transaction ID: 16954

Amount of Each Receipt this Period

5000.00

Voided Check

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L.A. P.A.C.

Full Name (Last, First, Middle Initial)

A. Chase Card Services

Mailing Address P.O. Box 15153

City State Zip Code
Wilmington DE 19886-5153

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B21(b)1233

Date of Disbursement

/ /

Amount of Each Disbursement this Period

352.92

Full Name (Last, First, Middle Initial)

B. David Sadkin

Mailing Address 6405 San Vicente Blvd.

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Fundraising Fee

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B21(b)1193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Padilla & Associates

Mailing Address 6380 Wilshire Blvd., #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Accounting Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B21(b)1194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1352.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

L.A. P.A.C.

Full Name (Last, First, Middle Initial)

A. Unitemized disbursements

Mailing Address 6380 Wilshire Blvd., #1612

City
Los Angeles

State
CA

Zip Code
90048

Purpose of Disbursement
Unitemized expenses

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B21(b)04/30/2006

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

1387.92

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L.A. P.A.C.

A. Full Name (Last, First, Middle Initial) Cranley for Congress Mailing Address 37 West 7th St., #804 City Cincinnati State OH Zip Code 45202 Purpose of Disbursement Political Contribution Candidate Name John J. Cranley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B231235 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6	3000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	6														
3000.00																							
B. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown Mailing Address 607 14th St., NW, #800 City Washington State DC Zip Code 20005 Purpose of Disbursement Political Contribution Candidate Name Sherrod Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B231223 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	6	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	6		2	0	0	6														
5000.00																							
C. Full Name (Last, First, Middle Initial) Matheson for Congress Mailing Address 677 S. 200 West Ste. A City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement Political Contribution Candidate Name Jim Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B231234 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	6														
5000.00																							
SUBTOTAL of Disbursements This Page (optional) ▶		<table border="1"> <tr> <td>13000.00</td> </tr> </table>	13000.00																				
13000.00																							
TOTAL This Period (last page this line number only) ▶		<table border="1"> <tr> <td>13000.00</td> </tr> </table>	13000.00																				
13000.00																							